open for inspection. Even in these cases, if the suppurative process had terminated and the wound had become aseptic eight days or more after the operation he made a secondary suture in the same manner as that primarily practised. The tamponage used in the non-sutured cases was not too firmly pressed and was more lightly made as the cases progressed toward recovery.

Aural Diagnosis of Constitutional Syphilis.—Beck (*Münch. med. Woch.*, No. 50, 2778) was able to demonstrate, in a considerable number of cases of syphilis with normal hearing, and in other cases of the same class in which there had never been indication of aural disturbance, a marked depreciation of the hearing by bone conduction this symptom being present in 80 per cent. of the syphilitics examined and tested for hearing by bone conduction. Similar clinical observations and tests having been heretofore made, with like results, in instances of intracranial processes accompanied by encroachment upon the lumen of the cranial cavity, brain tumors for instance, in other cases also in which there was no indications of aural participation and in cases of hydrocephalus, all accompanied by a considerable degree of intracranial pressure, it seemed possible that the occurrence of this symptom is syphilis might be explained in the same manner. In order to arrive at a definite conclusion lumbar puncture was done in a series of luetic cases exhibiting the symptom of decreased duration of hearing by bone conduction. A repetition of the tests a few hours after the lumbar puncture showed that the symptom had disappeared, to return, however, in from two to three days. The relationship between increased intracranial pressure and the shortening of duration of hearing by bone conduction was confirmed by the examination of patients with only the initial symptoms of sclerosis, negative Wassermann, and absence of localized swelling of the lymphatics. In the primary stage this symptom was, with very few exceptions, absent, it was most frequent in those cases in which the infection had become constitutional and the general systemic evidences appeared. As the result of these observations Beck is of the opinion that in the case of an otherwise apparently healthy patient without other aural symptoms but with a definitely decreased duration of hearing by bone conduction the question of a possible luetic cause should be considered.

Facial Paralysis in Fractures of the Petrous Process of the Temporal Bone.—De Stella (*Archiv. Internat.*, xxxv, 3), in the cases of fracture of the base of the skull and of the petrous bone, found that two types were distinguishable. The first and less frequent occurred at the moment of the injury and resulted from an implication of the bony wall of the nerviduct of the facial to such an extent as to directly wound the nerve or to result in its compression by hemorrhagic exudate. Recovery was established, unless the nerve had been actually divided, in from six to twelve weeks. In the second more usual type the paralysis appeared not immediately but from two to four days after the injury, originating presumably in a secondary compression of the nerve as the result of an inflammatory exudate about and within the nerve, a condition almost inevitably incident to a basal fracture either with or without extension to the nerviduct of the facial. The duration of the paralysis, to the time of recovery is, in this class of cases, usually short. In the case of the first type mentioned there was an interesting complication in a concurrent paralysis of the abduceus resulting from pressure exercised by a hemorrhage at the apex of the petrous bone in the line of the fracture.

PATHOLOGY AND BACTERIOLOGY

UNDER THE CHARGE OF

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The Resistance of the Intestines to Gastric Digestion.—MARIE and VILLANDRE (*Jour. de Physiol. et de Path. gênerale,* May 15, 1913, xv, No. 3) have continued their experiments bearing upon whether or not intestine in contact with gastric juices is digested. The open jejunal loop with its mucosa exposed was found by them, to remain for months without any trace of digestion, if its blood supply were not damaged. The close jejunal loop had equally good fortune under the same circumstances, and Marie and Villandre consider that interference with the vascular supply is the essential feature of this type of necrosis. They think further that the greatest enemy to proper blood supply is not muscular contraction, but rather the way in which sutures are placed, especially considering that there is danger to the graft by infection through the bacteria in the stomach contents attacking the points of suture. The gastric juice is able to play only a secondary part in the disappearance of the closed loop, that is, it is able only to finish destruction already begun by a necrosis of vascular or inflammatory origin; in other words, it can digest only dead tissue. These experimental facts are entirely contrary to Katzenstein's theory of a specific antipepsin in the stomach and duodenal walls; he considered the causation of ulcers as dependent upon differences of equilibrium between the pepsin and antipepsin. The living intestine, Marie and Villandre say, if well nourished is as far removed from the danger of digestion as the stomach wall itself, and they point out that in addition the spleen, gall-bladder, and omentum, if their vitality be not too seriously injured by intervention, are equally capable of making an effective resistance to the gastric juice. Claude Bernard's theory of epithelial protection to explain the resistance of the stomach is also contradicted by Marie and Villandre's experiments in which they exposed an intestinal serosa and, again, a naked muscularis to the gastric juices; these, like the mucosa, were also able to resist. The gastric epithelium tends to cover by proliferation the foreign body, provided it has not already a mucosa. To consider the defence as due to mucus coating the surface of the foreign body, it is hardly probable that it can efficaciously cover the large grafted surfaces if these are not themselves provided with mucus-bearing cells.